

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	<input checked="" type="checkbox"/>
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator  
Gulf Oil Corporation

Address  
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Eddy "GR" State	Well No. 1	Pool Name, Including Formation Unders. S. Culebra Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. L-1462
Location Unit Letter <u>E</u> : <u>2230</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>23S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 16	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X) XX	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date <del>XXXX</del> 6-30-82	Date Compl. Ready to Prod. 8-4-82	Total Depth 12,710'	P.B.T.D. 9250'					
Elevations (DF, RKB, RT, GR, etc.) 3021' GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 6194'	Tubing Depth 6470'					
Perforations 6194' - 6462'	Depth Casing Shoe --							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE No New Casing	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Past ID 2 8-12-83 PS Pump			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-4-82	Date of Test 8-18-82	Producing Method (Flow, pump, gas lift, etc.) Pump		
Length of Test 24 hrs	Tubing Pressure 40#	Casing Pressure 180#		Choke Size 18/64"
Actual Prod. During Test 12	Oil - Bbls. 6	Water - Bbls. 6		Gas - MCF 331

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Area Engineer

(Title)

8-24-82

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 10 1983, 19

Original Signed By  
BY Louis A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.